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ABSTRACT

This brief paper presents initial findings midway through the first year of implementing a school-based model of providing mental health services to children and families living in urban, low-income communities and provided by community-based mental health providers. The model emphasizes the central role of ecological factors in childhood conduct disorders and utilizes the school's unique opportunity to provide mental health promoting activities. Classrooms (n=17) were assigned to either the PALS (Positive Attitudes for Learning in School) intervention or as controls. Recruitment efforts resulted in 64 PALS families who received school-based and home-based services and 24 control families. Classwide programs for behavior management were implemented and parents were provided with school meetings, PALS meetings, home visits, and informal contacts with community consultants. Results indicate that the program appears to be successful at engaging parents and teachers in services, although outcome data are not yet available to indicate the effectiveness of these services. (DB)

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An Ecological Model for School-Based Mental Health Services

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Introduction

Background and Conceptual Model

The goal of this project is to develop an improved service delivery model for school-based mental health services, PALS (Positive Attitudes for Learning in School), specific to the needs of children and families living in urban, low-income communities and implemented by community-based mental health providers. Based on recent studies that have established the central role of ecological factors on childhood conduct problems (e.g., Felner et al., 1995), the school-based model guides providers to adapt services to the needs and competencies of teachers, parents, and children in order to capitalize on schools' unique opportunities to provide ntal health promoting activities for children in these communities (Atkins et al., 1998). Mental health resources are scarce within inner-city communities and, when available, comprise a fragmented and ineffective means of serving children (Knitzer, Steinberg, & Fleisch, 1990). School-based mental health programs have improved access to services for children but have, as yet, failed to show enhanced effectiveness. In part, this is due to a shortage of professional mental health providers, an inability to engage parents and school personnel in services, and a lack of reliance on empirically validated services (Atkins et al., 1998; Weisz, Donenberg, Han, & Weiss, 1995). We propose that in urban, low income communities, school-based mental health services need to be adapted to the needs and competencies of teachers, parents, and children in order to capitalize on schools' unique opportunities to provide mental health promoting activities for children in these communities.

An ecological-mediational model (Felner et al., 1990) for school-based mental health services is presented that specifies classroom-based experiences and linkages with families as mediators of community-level and school-level factors (e.g., school climate), in order to develop effective mental health services within urban schools. The ecological perspective emphasizes the need for least-restrictive services that are flexible and individualized across the multiple contexts for children's behavior, and that integrate into ongoing school routines and resources. The school-based model, PALS, proceeds in four phases: 1) engagement of key constituents in urban schools; 2) development of collaborative partnerships between classroom teacher, community parent, and mental health service provider; 3) systematic assessment of ecological classroom contexts; and 4) delivery of empirically-based services. The classroom-based collaborative teams become the foundation for a systematic assessment of: 1) factors associated with aggression within the four ecological contexts (teacher, peer group, child, family); 2) available resources for the delivery of services and the maintenance of service goals, and; 3) empirically-based interventions specific to identified needs that are teacher-centered, classroom based, and family-linked.

This summary presents initial findings midway through the first year of implementation of the school-based model. Although the study is funded by the National Institute of Mental Health (NIMH), mental health services are funded by Medicaid (including Medicaid managed care), and therefore this model is applicable to other mental health programs serving low-income families.

Method

Classrooms in randomly selected kindergarten through 4th grades in three schools were randomly assigned to PALS or clinic controls (N = 9 and 8 classrooms in PALS and control conditions, respectively). Informed parental consent was obtained to allow teacher ratings for screening of behavior problems from 279 of the 325 parents (85.8%). We obtained 279 ratings from teachers of which 139 were above clinical cut-offs based on 1 standard deviation on national norms using the IOWA-Conners Teacher Rating Scale (Pelham et al., 1989). The number of students identified as

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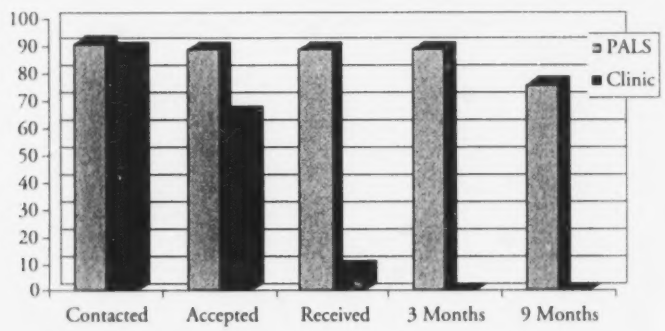
above 1 standard deviation on the IOWA-Conners averaged 9.44 per PALS classroom (range = 3 to 12) and 6.75 per control classroom (range = 0 to 8). Recruitment procedures were extensive involving frequent home visits to engage as many families as possible in services. In addition, parents from each school were hired by the project to assist in recruitment. Subtracting the families who moved out of the community during the time of recruitment, those who were wards of the state for whom we were unable to obtain consent from caseworkers, and those we were unable to reach by phone or home visit, 60 of 64 families (94%) agreed to enroll in the PALS condition, whereas only 24 of 35 families (69%) agreed to enroll in the control condition (Chi-square = 9.29; $df = 1$, $p < .000$). Recruitment efforts were completed by March to allow three months for classroom interventions.

Results & Discussion

Preliminary follow-up assessments were made in June and December to assess short-term intervention effects. The most striking data concerned mental health service use (see Figure 1). Whereas all families who enrolled in PALS services received school-based and home-based services, only two of the 24 families referred to clinic-based services received any services, and in each case the child received one session of medication management for ADHD with no follow-up visits. At 3-month follow-up (June), all PALS families remained in services whereas no clinic families were currently receiving any mental health services for their child. At 9 months follow-up, 86% of PALS families remained in services versus none of the clinic-referred families. The only PALS families to leave services were families whose child changed schools.

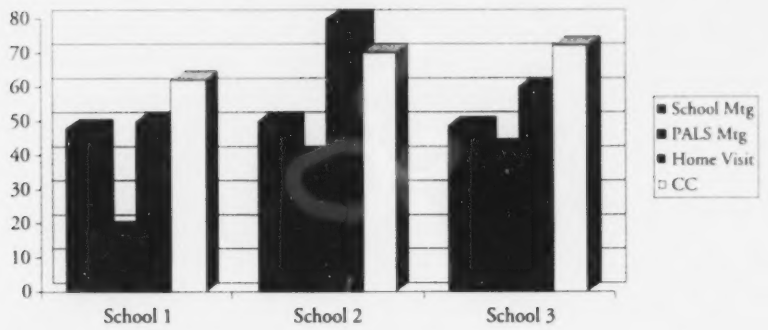
Figure 1
Mental Health Service Use



PALS Service Delivery

An examination of the type of services used by teachers and parents illustrates the flexible service approach that is consistent with an ecological model. The goal was for each teacher to implement a behavior management program in their classroom, and for each parent to have contact at least monthly with program staff. With regard to teachers, classwide programs were preferred by PALS staff over individualized programs to highlight the influence of ecological context on disruptive child behavior (Atkins et al., 1998). Across the two school years (i.e., the last half of one school year, and the first half of a second school year), 10 of the 18 PALS teachers implemented classwide programs, 4 teachers implemented individualized programs for target children only, and 4 teachers refused any intervention. Figure 2 presents the percentage of parents who utilized each of the four types of services offered parents: school meetings, PALS meetings, home visits, and informal contacts with community consultants. The proportion of services used differed across schools, based on the needs of the parents, and illustrated the flexibility of staff in their interactions with parents. School meetings referred to attendance at school sponsored meetings. PALS meetings were held at offices at the university with the

Figure 2
Parent Services



goal of increasing parents' social support and providing a forum for discussion of issues related to school involvement. Contact with community consultants was an extension of the assertive outreach strategy noted above and was intended to maintain contact with parents who were unwilling or unable to use mental health services offered in schools or clinics.

Significance

This study presents initial data from the first implementation of an ecological school-based mental health program. Results indicate that the program appears to be successful at engaging parents and teachers in services, although outcome data are not yet available to indicate the effectiveness of these services. However, the goal of engaging parents and teachers in services was a primary goal of this project at this time, and is promising for its application in urban, inner-city schools. The model is being revised to respond to perceived barriers to services for teachers and parents. For example, community members are involved in the design and implementation of parent services leading to several innovations in parent-administered services. For teachers, significant personal and professional stressors are perceived as a barrier to their involvement in services. Therefore, innovative strategies to decrease teachers' stress are a new direction for the school-based services.

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